



320540

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6  
1445 ROSS AVENUE, SUITE 1200  
DALLAS, TX 75202-2733

December 18, 2001


WAL MART SUPERCENTER NO 3286  
702 SW 8TH STREET DEPT 8013  
BENTONVILLE, AR 72716  
ATTN: LISA DAVIS, STORE MANAGER

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

WAL MART SUPERCENTER NO 3286  
1035 HICKORY CREEK BLVD  
HICKORY CREEK, TX 75065

Your EPA Identification Number for this installation is:  
**TXR000046938**

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.

  
Charles Faultry, Chief  
RCRA Information Management Section



ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)**

**A. Hazardous Waste Activities**

1. Generator (See instructions):  
☐ a. Greater than 1000 kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)  
☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter. Indicate Mode in boxes:  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation:  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other: specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) (Note: A permit is required for this activity, see instructions)  
☐ a. Exempt Boiler and/or Industrial Furnace  
☐ b. Smelting, Melting, and Refining Furnace Exemption  
☐ c. Small Quantity On-Site Burner Exemption  
☐ d. Underground Injection Control

**C. Used Oil Management Activities**

1. Used Oil Transporter/Transfer Facility. Indicate Type(s) of Activity(ies):  
☐ a. Transporter  
☐ b. Transfer Facility  
☐ c. Used Oil Processor/Refiner. Indicate Type(s) of Activity(ies):  
☐ 1. Re-refining  
☐ 2. On-Site Combustion/Used Oil Burner  
☐ 3. Used Oil Fuel Burner  
☐ 4. Manufacturer Who Directs Shipment of On-Specification Used Oil to a Used Oil Burner  
☐ 5. Manufacturer Who Finds Compliance with Used Oil Management Specifications

**B. Universal Waste Activities**

- ☐ Large Quantity Handler of Universal Waste

**D. Description of Hazardous Wastes (Use additional sheets if necessary)**

**A. Listed Hazardous Wastes (See 40 CFR 261.11-32. See instructions if you need to list more than 12 waste codes)**

1 D 0 0 1	2 D 0 0 2	3 D 0 0 8	4 D 0 1 1	5	6
			10	11	12

**B. Characteristics of Nonlisted Hazardous Wastes (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. See 40 CFR Parts 261.20-261.24. See instructions if you need to list more than 4 toxicity characteristic waste codes)**

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	5	6	7	8
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**C. Other Wastes (State regulated or other wastes requiring handler to have an EPA number. See instructions)**

1	2	3	4	5	6

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: Kasey Duke Name and Official Title (Type or print): Kasey Duke - License Coordinator Date Signed: 11-6-01

**XI. Comments:**

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)